Supreme Court, U. S.
FILED
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MICHAEL RODAK, JR., CLERK

IN THE

# SUPREME COURT OF THE UNITED STATES

OCTOBER TERM, 1977

* * *

NO. 78-6

* * *

**HILMAR G. MOORE, RAUL JIMENEZ, AND JAMIE CLEMENTS, INDIVIDUALLY AND AS CHAIRMAN AND MEMBERS, RESPECTIVELY, OF THE TEXAS BOARD OF HUMAN RESOURCES, ET AL.,**

*Appellants*

vs.

**JOHN PLEASANT SIMS AND WIFE, MARY CARTER SIMS, INDIVIDUALLY AND AS NEXT FRIENDS OF THEIR MINOR CHILDREN, SABRINA MARIE SIMS, PAUL EDWARD SIMS, AND SHAWANA EVETTE SIMS,**

*Appellees*

* * *

ON APPEAL FROM THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISION

* * *

## VOLUME IV

## APPENDIX TO JURISDICTIONAL STATEMENT

* * *

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IN THE

SUPREME COURT OF THE UNITED STATES

October Term, 1977

No. _____

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On Appeal From The United States District
Court For The Southern District Of Texas
Houston Division

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# APPENDIX O

## DEFENDANT'S ANSWERS TO PLAINTIFF'S ORIGINAL INTERROGATORIES. ANSWERS TO INTERROGATORIES NOS. 5, 6, 7, 14, and 15, WITH ATTACHMENTS

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE SOUTHERN DISTRICT OF TEXAS**
**HOUSTON DIVISION**

| | | |
|---|---|---|
| JOHN PLEASANT SIMS AND WIFE, MARY CARTER SIMS, ET AL. | )( | |
| Plaintiff | )( | |
| VS. | )( | CIVIL ACTION NO. 75-H-120 |
| STATE DEPARTMENT OF PUBLIC WELFARE OF THE STATE OF TEXAS, ET AL., | )( | |
| Defendants | )( | |

**DEFENDANT'S ANSWERS TO PLAINTIFF'S ORIGINAL INTERROGATORIES**

NOW COMES RAYMOND W. VOWELL, Commissioner of Public Welfare, Defendant in the above-styled and numbered cause and answers Plaintiff's Original Interrogatories as follows:

. . .

**INTERROGATORY NO. 5.** "Pursuant to the provisions of §34.06, Title 2, Texas Family Code, does your department maintain in Austin, Texas a central registry of reported cases of child abuse?"

**ANSWER.** Yes.

**INTERROGATORY NO. 6.** "If your answer to interrogatory No. 5 is in the affirmative, has your department adopted rules and regulations to carry out the provisions of §34.06, Title 2, of the Texas Family Code?"



**ANSWER.** Yes.

**INTERROGATORY NO. 7.** "If your answer to interrogatory No. 6 is in the affirmative, will you attach a copy of such regulations without a Motion to Produce?"

**ANSWER.** Yes. Attached hereto as exhibit "A" are section 7222 of the current Social Services Handbook, forms and instructions for the Child Abuse and Neglect Report and Inquiry System (CANRIS), and amended rules adopted by the Board of Public Welfare.

. . .

**INTERROGATORY NO. 14.** "For the period beginning September 1, 1975 through May 31, 1976, state the total number of reports received by the Texas State Department of Public Welfare under color or provision of §§34.01, §§34.02, Title 2, Texas Family Code, if any."

**ANSWER.** The Department's computerized statistical information in the CANRIS file concerns only the number of abuse/neglect reports received by the Department and reported to CANRIS. From September 1, 75 to May 31, 1976, there were 27,671 reports made to CANRIS. This is the number of reported incidents, not the number of children or families. There is generally more than one child per reported incident, and a family may be reported more than once if abuse or neglect reoccurs. Under §§ 34.02 of the Family Code the information requested would also include reports of truant and runaway children. Full information concerning these reports is available only in individual case records located in over 160 offices throughout the state and certain statistical information concerning such reports could be obtained from the Department's computerized Social Services Management (SSMS) file only by special programming.

If this is done the implementation of revisions in the SSMS system which are now being developed will be delayed by an amount of time equal to that required to do the special programming.

**INTERROGATORY NO. 15.** "For the total number, if any, given in your answer to interrogatory No. 14, state separately as to each such report:

a. The date and time of receipt of such report,

**ANSWER.** Special programming would be required to extract this information from the computerized statistical information contained in the CANRIS file. It is estimated that the special programming necessary to obtain the information requested in Interrogatories 15a, 15c, 15e and 15f would take two weeks if this programming were given priority over current assignments. If this is done the implementation of revisions in the CANRIS system which are now being developed will be delayed by an amount of time equal to that required to do the special programming.

b. Whether such report was oral or in writing,

**ANSWER.** This information is not included in the computerized statistical information contained in the CANRIS file. the full information requested can be obtained only by doing a desk review of child welfare cases in over 160 offices throughout the state. It is estimated that this would take a total of 25 manpower days per region and that the information gathering process would take two months if all the other requested information were gathered at the same time.

c. Whether such report was from an identified source or from an anonymous source,

**ANSWER.** From the inception of CANRIS on December 3, 1973 to May 31, 1976, 3,245 (or 5%) out of



65,843 initial reports had anonymous sources. The specific information requested is not currently available from existing reports. See the answer to Interrogatory 15a.

d. If same was an oral report, state whether it was made by telephone,

**ANSWER.** See the answer to Interrogatory 15b.

e. Whether any information received as a result of such report was placed in the "Central Registry" provided for by §§ 34.06, Title 2, Texas Family Code,

**ANSWER.** See the answer to Interrogatory 15a.

f. The date on which such information was placed in such Central Registry,

**ANSWER.** See the answer to Interrogatory 15a.

g. If any such information was placed in a central registry, state whether it has been disseminated to other registries,

**ANSWER.** Statistical information which does not identify individuals and which is derived from all combined reports in the CANRIS file is sent upon request to the National Study on Child Neglect and Abuse Reporting. See the answer to Interrogatory 11.

h. Whether any children were seized as a result of such report,

**ANSWER.** It is estimated that children are removed from their homes in only 10% of the cases in which abuse or neglect has been reported on one or more occasions. However, the specific information requested is not currently available in existing reports. Special programming would be required to extract this information from the statistical information contained

in the Social Services Management System (SSMS) file. See the answers to Interrogatories 15a and 15b.

i. If your answer to the immediately preceding sub-interrogatory is in the affirmative, state the date and time of such seizure,

**ANSWER.** See the answer to Interrogatory 15h.

j. Whether any suit was thereafter filed by the State Department under color of any provisions of Chapter 17 or Chapter 11, Title 2, Texas Family Code, as a result of such report,

**ANSWER.** The Department's computerized CANRIS and SSMS systems do not gather "petition filed" information except on abuse and neglect cases through CANRIS and then do not distinguish whether the material was filed under Chapters 11 or 17 of the Family Code. The CANRIS "petition filed" information is not immediately available on all CANRIS cases. Present printouts are limited to finalized validated cases, and the reports indicate only the total numbers of petitions filed with respect to twenty-three (23) distinct types of injury or abuse. Since petitions are generally filed in cases involving more than one type of injury, the currently available statistics do not provide the requested information concerning the actual number of petitions filed in relation to the number of reports received, children involved or cases being handled. Gathering the requested "petition filed" statistics on all CANRIS cases would require special programming which it is estimated could be completed within two weeks if priority were given to this assignment over other current assignments. A copy of the stistical information which is currently available is attached as Exhibit C.



k. If your answer to the immediately preceding sub-interrogatory is in the affirmative, state whether the State Department sought termination of the parent-child relationship in such suit,

**ANSWER.** The full information requested can be obtained only through a desk review of child welfare cases in over 160 offices throughout the state. See the answer to Interrogatory 15b.

1. Whether any suit is pending, concluded by final trial or dismissed if such suit was filed by the State Department under color of any provisions of Chapter 17 or Chapter 11, Title 2, Texas Family Code, as a result of any report,

**ANSWER.** See the answer to Interogatory 15k.

m. If your answer to the immediately preceding interrogatory is "concluded by final trial" state whether or not same resulted in termination of the parent-child relationship."

**ANSWER.** See the answer to Interrogatory 15k.

. . .

## 7222 Child Abuse and Neglect Report and Inquiry System (CANRIS)

State law requires that the Department provide a central registry of child abuse and neglect reports:

"The State Department of Public Welfare shall establish and maintain in Austin, Texas, a central registry of reported cases of child abuse or neglect. The Department may adopt rules and regulations as are necessary in carrying out the provisions of this Section. The rules shall provide for cooperation with local child service agencies, including hospitals, clinics, and schools, and cooperation with other states in exchanging reports to effect a national registration system."TEX. FAM. CODE. 34.06.

This mandate is fulfilled through the Department's Child Abuse and Neglect Report and Inquiry System (CANRIS), an automated system designed to facilitate reporting of child abuse and neglect and to collect and store confidential information in the central registry. The registry is computerized for immediate retrieval of information relating previous incidents, e.g., the type of incident, the validity of the previous reports, and the name and location of the previous worker in order to obtain the previous case record. De-identified CANRIS information is entered monthly for statistical and research purposes into a national child abuse and neglect central registry provided throught National Clearinghouse on Child Abuse and Neglect.

Reporting to and inquiring of the CANRIS system are functions limited to authorized Departmental protective services staff. Inquiries may be made by DPW Investigation Division in regard to the investigation of a child abuse or neglect case which has been referred to them. If the Investigation Division becomes aware of an unreported case of abuse or



neglect, it will refer the case to the appropriate protective services regional staff for reporting of the incident to CANRIS and coordination of the investigation.

All reports of abuse and neglect must be reported to CANRIS. Even though the case may be active at the time the report is received, the new report should be entered into the CANRIS system. An inquiry about previous incidents is to be made on all reports of abuse and neglect, unless the case is currently active and the information has already been received. When a report fo child abuse or neglect is received, the worker immediately makes a report and inquiry through CANRIS by calling a telecommunications operator. CANRIS telecommunications operators are located at terminals located throughout the State. Form 202, Child Abuse and Neglect Incident and Inquiry Report, will be printed by the computer from information supplied via the telecommunications terminal. The Form 202 will be mailed to the worker for updating, correcting or filing. Updating must be completed as follows:

1. During investigation to enter information which necessitates another inquiry;

2. Within 30 days after the receipt of the report to indicate a determination of the validity or invalidity of the occurrence of abuse or neglect;

3. As soon as a family moves, if they do so prior to the determination concerning validity;

4. As soon as court action regarding the child or family is finalized, if still pending beyond 30 days of the date of receipt of the report.

If licensing or social services staff suspect during the course of a home or licensing study that the family or individual may have been involved in an abuse or neglect situation in the past, the worker may request a CANRIS inquiry on the family or individual. The inquiry is requested by submitting a memo to the Chief Administrator, Social Services Branch State Office. The request must include specific reasons for the request, the family member's or individual's full name, birth date, sex, ethnic group and social security number.

The decision regarding intervention by the Department may be shared with an agency or professional person making the report. Protective services staff should make themselves available to physicians or professional persons in hospitals, clinics, or schools requesting to have inquiry information without making a report. The requirement to enter a report of abuse or neglect before inquiry information can be obtained should be explained to the professional person. The worker may discuss with the professional person whether the inquiry without a report would place the professional person in violation of the mandatory reporting law (see Item 7111, Child Abuse or Neglect Reporting Law). Validity of the identity of the professional person must be obtained before confidential information is released. The professional person will be helped to understand the confidential nature of the inquiry information and how t should be used in acting on the reported abuse or neglect. If the professional person declines making a report, the worker and supervisor must evaluate the possibility of abuse or neglect in the case, based on the information gained from the professional person at the time of the request for a CANRIS inquiry. If it is felt that potential danger to the child exists, a CANRIS report and further inquiry into the situation should be made by the worker.



Cases reported for truancy, runaway behavior, juveniles in need of supervision, unmarried and school-age parents are not reported into the CANRIS system unless the child's situation appears to involve abuse or neglect. If abuse or neglect is suspected to be a problem in the youth's situation, a report into CANRIS is made.

A CANRIS report will be made of a complaint or report stating that the death of a child was attributed to abuse or neglect, even if no other children remain in the home.

CANRIS information must be kept up-to-date regarding the findings of all reports made to the Department of abuse and neglect and the disposition of each case.

State of Texas
Department of Public Welfare

Form 2202-A
July 1976

# CHILDREN'S PROTECTIVE SERVICES
# INTAKE AND CANRIS REPORT
# PART I

## SECTION I - WORKER IDENTIFICATION

A

1 WORKER LAST NAME (15) | 2 FIRST NAME (10) | 3 MI | 4 CANRIS INCIDENT NO | DATA PROCESSING ONLY

5 EMP NO | 6 BJN | 7 MAIL CODE | 8 SPY | 9 UD | 10 SECURITY | RUN DATE / /

## SECTION II - INCIDENT REPORT

B

11 DATE OCCURRED TO CHILD / / | 12 DATE REPORTED TO DPW / / | 13 TIME REPORTED TO DPW : A M P M | 14 | TP OPERATOR ONLY

C

15 REPORTED INCIDENT TYPE A ☐ N ☐ B ☐ | 16 REPORT METHOD PHONE ☐ MAIL ☐ | 17 SOURCE OF REPORT | 18 | REPORT KEYED BY | DATE REPORT KEYED / /

## SECTION III - INDIVIDUAL INFORMATION

19 LN NO | 20 LAST NAME | 21 FIRST NAME | 22 MI | 23 BIRTHDATE / / | 24 AGE | 25 SEX | 26 ETH | 27 REL SHIP | 28 SSMS | 29 ROLE

30 STREET ADDRESS | 31 CITY | 32 ST | 33 ZIP CODE | 34 CNTY | 35 SNDX REQ

36 DPW CLIENT NO | 37 SOCIAL SECURITY NO | 38 LA | 39 CONS | 40 CA | 41 ABUSE TYPE | 42 NEGLECT TYPE | 43 FYL | 44 PREV INC NO | 45 LINE

19 LN NO | 20 LAST NAME | 21 FIRST NAME | 22 MI | 23 BIRTHDATE / / | 24 AGE | 25 SEX | 26 ETH | 27 REL SHIP | 28 SSMS | 29 ROLE

30 STREET ADDRESS | 31 CITY | 32 ST | 33 ZIP CODE | 34 CNTY | 35 SNDX REQ

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19 LN NO | 20 LAST NAME | 21 FIRST NAME | 22 MI | 23 BIRTHDATE / / | 24 AGE | 25 SEX | 26 ETH | 27 REL SHIP | 28 SSMS | 29 ROLE

30 STREET ADDRESS | 31 CITY | 32 ST | 33 ZIP CODE | 34 CNTY | 35 SNDX REQ

36 DPW CLIENT NO | 37 SOCIAL SECURITY NO | 38 LA | 39 CONS | 40 CA | 41 ABUSE TYPE | 42 NEGLECT TYPE | 43 FYL | 44 PREV INC NO | 45 LINE

## SECTION IV - FINALIZING INFORMATION

D

46 FINDINGS | 47 DISP | 48 CRIM ACT | 49 AWOL INC | 50 GCC | 51 DATE FINALIZED / / | NON CANRIS ONLY: 52 FINDINGS | 53 DISP | 54 | 55

62 PAGE _____ OF _____ PAGES (PART I ONLY)

64 WORKER SIGNATURE



State of Texas
Department of Public Welfare

Form 2202-A
July 1976
Page 2

## INTAKE SUPPLEMENT
## (PART II, CHILDREN'S PROTECTIVE SERVICES: INTAKE AND CANRIS REPORT)

PRESENTING PROBLEMS: Describe alleged abuse, neglect, truancy, runaway, unmarried or school age parent, court-ordered social study, out-of-town inquiry (OTI), etc.

Is the child in danger of being permanently harmed or losing his life? ☐ Yes ☐ No ☐ Possibly

Has a doctor seen the child? ☐ Yes ☐ No Name of Doctor _____

Date seen / / Treatment

Is immediate removal/placement of the child needed? ☐ Yes ☐ No ☐ Possibly

Reasons

COMPLAINANT: Name | Relationship to Child

Street Address | City | State | Zip | Telephone

Present/Previous Case, Local Records _____

CANRIS Soundex Information _____

## ACTION TAKEN

| WORKER RECOMMENDATION | SUPERVISOR DECISION |
|---|---|
| Continued protective services needed? ☐ Yes ☐ No | Assigned for continued protective services? |
| Reason _____ | Yes ☐ Worker Assigned _____ |
| _____ | No ☐ Reason _____ |
| Date | Supervisor / Date |

**FORM 2202-A**
**Instructions**

## CHILDREN'S PROTECTIVE SERVICES INTAKE AND CANRIS REPORT

### PURPOSE

1. To standardize the collection and recording of intake information of children's protective services cases.

2. To serve as case record documentation of the client's eligibility for protective services for children.

3. To serve as a reporting form for the Child Abuse and Neglect Reporting and Inquiry System (CANRIS) as mandated by the State Legislature.

4. To provide the DPW protective services worker with a computer printout of a new incident of child abuse/neglect reported to the Central Registry.

5. To provide the DPW protective services worker with written information regarding previous incidents of abuse or neglect on any person(s) involved in the current abuse or neglect incident.

6. To be used to update and correct CANRIS information resulting from the on-going investigation of the complaint.

7. To serve as a computerized source of data for tabulation and analysis of abuse or neglect protective services activity, types and volume of abuse and neglect, and basic profile information regarding victims and perpetrators of abuse and neglect for Department policymaking and implementation of preventive programs.



### PROCEDURE

1. Description

Form 2202-A, Children's Protective Services Intake and CANRIS Report, is a two page form which is typed or printed legibly. Form 2202-A including Part II, Intake Supplement, is to be completed immediately upon receiving a protective services complaint or report.

Form 2202-A is used to record intake information for and decisions about children's protective services reports received by the Department. If the situation is not appropriate for investigation, Form 2202-A will serve as the only recording of the contact with the complainant and the family. If the situation is investigated, Form 2202-A will serve as documentation of the intake in the case record.

If the complaint appears to involve abuse or neglect, a Child Abuse and Neglect Report and Inquiry System report and a Soundex search are made from the information on Form 2202-A, Part I. Part I is also used to update the Central Registry as the abuse or neglect investigation progresses and to report the findings of the abuse or neglect investigation. **Note:** Cases reported for truancy, runaway behavior, children in need of supervision, unmarried and school-age parents, and court-ordered social studies are **not** reported to CANRIS unless the child's situation appears to involve abuse or neglect.

If the situation is not appropriate for investigation, Form 2202-A, Part I and Part II, is filed in a general clearance file in the local unit. If the situation is investigated, Form 2202-A, Part I and Part II, is placed at the beginning of the dictation concerning the investigation.

2. Initial CANRIS Report

Information collected by the worker at the time of an initial report appearing to involve abuse or neglect and entered on Form 2202-A, Part I, must be reported to the CANRIS Central Registry via the telecommunications center in his area. All incidences must be reported **immediately** upon receipt of the complaint or when at least the last name and sex or ethnic group of one victim or the perpetrator is known. The worker may report the incident by mailing the original copy of the Form 2202-A, Part I, to the telecommunications center **only** when it is not possible to report by telephone.

When making a CANRIS report by telephone, the worker must provide as identification to the terminal operator his budgeted job number, name and office mail code. The information on Part I of Form 2202-A, is to be dictated to the telecommunications operator and then is filed in the case folder. When reporting by telephone, the worker must indicate to the operator persons in the incident on whom a computer search for previous CANRIS information is to be made.

When making a CANRIS report by mail, the worker indicates on Part I of Form 2202-A persons in the incident on whom a computer search for previous CANRIS information is to be made. The origianl copy of Part I of Form 2202-A is to be sent to the telecommunications center and a copy is to be retained in the family's case record. The telecommunications operator should retain the original for future reference.

The minimum data to be entered on Form 2202-A for an initial CANRIS report is as follows:

*Section I - Worker ID*

Item 1 - Worker Last Name
Item 2 - Worker First Name



Item 3 - Worker Middle Initial, if applicable
Item 5 - Worker Employee Number
Item 6 - Worker BJN
Item 7 - Mail Code
Item 8 - Report

*Section II - Incident Report*

Item 11 - Date Occurred
Item 12 - Date Reported to DPW
Item 13 - Time Reported to DPW
Item 15 - Reported Incident Type
Item 16 - CANRIS Report Method
Item 17 - Source of Report

*Section III - Individual Information*
(on at least one person)

Item 20 - Last Name
Item 25 - Sex, or Item 26 - Ethnic Group
Item 29 - Role
Item 31 - City
Item 32 - State
Item 34 - County

3. CANRIS Feedback Report

Whether the CANRIS report is made by mail or telephone, the worker will receive a one-page computer printed Form 2202-B, CANRIS Feedback Report, from State Office. The Feedback Report serves as case record documentation of the CANRIS Report. Upon receipt of the Feedback Report, Form 2202-A, Part I, should be destroyed. The most recent copy of the Feedback Report is retained in the case record with Part II of Form 2202-A.

4. CANRIS Updates, Changes, Corrections, and Deletions

All CANRIS updates, additions, corrections, and deletions are made by completing specific items on a blank Form 2202-A, Part I.

CANRIS update reports **cannot** be made by telephone and cannot be done until receipt of the Form 2202-B, CANRIS Feedback Report. After receipt of the initial Feedback Report, the worker may update the incident as often as necessary.

For all updates, changes or corrections, enter identifying data in Section I plus items to be changed.

To delete an item, enter identifying data in Section I and insert and asterisk "*" in the appropriate box. Only the following items may be deleted, if entered in error:

Item 30 - Street Address
Item 33 - Zip Code
Item 36 - DPW Client Number
Item 37 - Social Security Number
Item 44 - Previous Incident Number
Item 45 - Previous Line Number (Line)
Item 49 - Family Annual Income
Item 50 - Occupation

*Section I - Worker Identification*

For any update, change, or correction in any section, the following items must be completed in Section I, Worker ID:

Item 1 - Worker Last Name
Item 2 - Worker First Name
Item 3 - Worker Middle Initial, if applicable
Item 4 - CANRIS Incident Number
Item 5 - Employee Number
Item 6 - Budgeted Job Number
Item 7 - Mail Code



Item 9 - Update
Item 10 - Security

*Section II - Incident Report*

Items in this section can be corrected by entering the information to be changed in the appropriate boxes and completing Section I (Worker Identification). Items cannot be deleted from this section.

Section II - Individual Information

Line numbers (Item 19) are required for all CANRIS updates, changes, and corrections in Section III to identify the individual. The appropriate line number for each individual is obtained from Form 2202-B, CANRIS Feedback Report. Updates, changes, and corrections cannot be made without the appropriate line numbers.

*Section IV - Finalizing Information*

To update, change, or correct information, enter the corrected information in the appropriate box.

*Section V - Last Reporting Worker Identification (Form 2202-B CANRIS Feedback Report Only)*

Change or corrections to worker identification information in Section V of CANRIS Feedback Report are made by entering the correct information in Section I, Worker Identification, on a blank Form 2202-A.

*Note:* For any change or correction, Items 1, 2, 3, 4, 5, 6, 7, 9 and 10 in Section I must be completed.

*Submittal*

The original of the update Form 2202-A, Part I, is sent to the telecommunications center in ther worker's area for

processing. The worker's copy is retained in the case record until a new Form 2202-B, CANRIS Feedback Report, is received from State Office. The old copy is then destroyed.

5. Finalizing Report

The finalizing report (Section IV of Form 2202-A) must be completed immediately upon determining the disposition of the investigation and within 30 days of the initial complaint. It is expected that within those 30 days the worker will have enough information on the incident to determine its validity. If the family moves before the disposition is determined, the CANRIS report should be finalized immediately. If changes in information on the CANRIS incident occur after the finalizing report is submitted, a new Form 2202-A may be submitted to update items.

CANRIS: To finalize any CANRIS incident, the worker submits Part I of a blank Form 2202-A with the following minimum items completed:

*Section I - Worker Identification*

Item 1 - Worker Last Name
Item 2 - Worker First Name
Item 3 - Worker Middle Initial, if applicable
Item 4 - CANRIS Incident Number
Item 5 - Employee Number
Item 6 - Budgeted Job Number
Item 7 - Mail Code
Item 9 - Update
Item 10 - Security

*Section IV - Finalizing Information*

Item 46 - Findings
Item 47 - Disposition



Item 48 - Criminal Action
Item 51 - Date Finalized

**Note**: Failure to complete any of the above items in the finalizing report will cause the form to be rejected by the computer.

In addition, when the incident is finalized, the following items in Section III must be on file in the CANRIS Central Registry for each person in the incident. These may have been submitted on the initial report or earlier update or else must be a part of the finalizing report.

A. All Individuals

Item 20 - Last Name
Item 24 - Age
Item 25 - Sex
Item 26 - Ethnic Group
Item 27 - Relationship
Item 29 - Role
Item 31 - City
Item 32 - State
Item 34 - County, if in Texas
Item 38 - Living Arrangement

B. All Children

Item 39 - Conservatorship
Item 40 - Court Action

C. All Victims

Item 41 - Abuse Type or
Item 42 - Neglect Type
Item 43 - Fatal

When finalizing the report, the original of Form 2202-A, Part I, is sent to the telecommunications center in the worker's area for processing. The worker's copy is

retained in the case record until a new Form 2202-B, CANRIS Feedback Report, is received from State Offie. The copy is then destroyed.

Non-CANRIS: To finalize the investigation of any non-CANRIS incident )i.e., investigations of reports of truancy, runaway, children in need of supervision, unmarried or school-age parents, and court-ordered social studies), the worker completes the following items in Section IV on Form 2202-A.

Item 51 - Date Finalized
Item 52 - Findings
Item 53 - Disposition

6. SSMS Registration

CANRIS: The CANRIS victim, siblings of the victim, and the parents or stepparents are automatically registered into SSMS when the disposition of the CANRIS incident is reported as **validated, uncertain, or potential.** When a CANRIS incident has a **family moved** disposition, the victim, the victim's siblings, and their parents or stepparents will be automatically registered into SSMS with an Action Code status of OPEN/CLOSED.

**Note:** Other members of the CANRIS incident may be registered automatically into SSMS if the worker indicates that he wants SSMS registration by completing Item 28, SSMS, on Form 2202-A.

When a CANRIS incident is finalized with a disposition of invalid, automatic SSMS registration will not take place. However, statistics related to those invalidated reports are retained and reported on the SSMS output reports.

Non-CANRIS: Protective services intake situations which are investigated but not reported to CANRIS



must be registered in the Social Services Management System (See instruction for Form 2000, Client Registration.)

7. CANRIS/SSMS Reporting

The CANRIS incident number (Item 4) plus the client line number (Item 19) from Form 2202-B, CANRIS Feedback Report, may be used as a temporary client number to report services delivered to clients on Form 2003, Service Activity, following the initial CANRIS report but prior to SSMS registration. Prior to receipt of the CANRIS Feedback Report, the line number is determined by the sequence in which the individuals are reported into CANRIS.

8. CANRIS Incident and Line Number Assignment

CANRIS incident numbers are assigned to each initial CANRIS report by the computer at the time of data entry by the telecommunications operator. The telecommunications operator informs the reporting worker of the computer assigned CANRIS incident number at the time the telephone report is made. If the initial CANRIS report is made by mail, the incident number will appear on Form 2202-B, CANRIS Feedback Report. The telecommunications operator records the incident number on the initial reporting form at the time of data entry. This document is retained by the telecommunications center for future reference.

The line number is used to identify individuals in the CANRIS incident and is determined by the sequence in which the individuals are reported into CANRIS.

## DETAILED INSTRUCTIONS

Part I, Section I—Worker Identification

1. *Worker Last Name* — Enter the last name of the worker completing the form.

2. *First Name* — Enter the first name of the worker completing the form.

3. *Worker Middle Initial (MI)* — Enter the middle initial of the worker completing the form.

4. *CANRIS Incident No. (CANRIS Reports Only)* — This number is assigned by the computer at the time the initial report is entered by the telecommunications operator. This item must be completed by the worker for all updating or finalizing of all CANRIS activity.

**Note:** The incident number can be obtained from the telecommunications operator, if the initial report is made by telephone, or from Form 2202-B, CANRIS Feedback Report.

5. *Employee Number (EMP. NO.) (CANRIS Reports Only)* — Enter the four-digit DPW employee number of the reporting worker listed in Item 1.

6. *Budgeted Job Number (BJN) (CANRIS Reports Only)* — Enter the eight-digit budgeted job number of the reporting worker listed in item 1.

7. *Mail Code (CANRIS Reports Only)* — Enter the four-digit mail code of the worker listed in Item 2.

8. *Report (RPT) (CANRIS Reports Only)* — For the initial CANRIS report, enter an "X" in this item to show it is the initial report. Leave blank when updating or finalizing a previously reported CANRIS incident.



9. *Update (UD) (CANRIS Report Only)* — For updates, changes, corrections, deletions, or finalizing CANRIS reports, enter an "X" in this item. This item must be completed for all CANRIS updates, corrections, or when finalizing a previously reported incident. Leave blank for an initial CANRIS report.

10. *Security (CANRIS Report Only)* — This item must be completed when updating, correcting, or finalizing a previously reported CANRIS incident. Enter the first three characters of the last name of the first individual listed in Section III of the CANRIS Feedback Report. Leave blank for an initial CANRIS report. This code is used to ensure that updates are made to the right report.

Section II — Incident Report

11. *Date Occurred to Child* — Enter the numerical date on which the abuse, neglect, truancy, runaway, etc. occurred. This item should contain the exact date, if known, or approximate date. (For example, September 3, 1976, is entered 09/03/76.) In on-going neglect situations, enter the date the situation first became known to the complainant.

12. *Date Reported to DPW* — Enter the numerical date on which the complainant contacted DPW to report the alleged protective services incident.

13. *Time Reported to DPW* — Enter the numerical time when the report was received by DPW. (Example: 08:25) Indicate a.m. or p.m. by entering an "X" in the appropriate box.

14. Reserved for future use. Do not complete.

15. *Reported Incident Type (CANRIS Reports Only)* — Indicate the type of incident the complainant alleges has occurred by placing an "X" in the appropriate box. Use

the "A" box for abuse, the "N" box for neglect, and the "B" box for both abuse and neglect.

16. *Report Method (CANRIS Reports Only)* — For the initial CANRIS report, enter an "X" in the appropriate box to indicate whether the worker phoned or mailed the CANRIS report to the telecommunications center. Leave blank for update CANRIS reports.

17. *Source of Report (CANRIS Reports Only)* — Enter the appropriate category of source of report from the list below.

| | |
|---|---|
| EPSDT | Any person reporting as a result of EPSDT medical screening or other EPSDT health services. If this applies, use this source of report rather than doctor, clinc, etc. |
| Doctor | Any member of the medical profession, including surgeons, radiologists, dentists, chiropractors, etc. |
| Hospital | Any personnel working within a public or private hospital setting. |
| Clinic | Personnel in any clinic setting, including private clinics, public health clinics, visiting nurse associations, etc. |
| Law | Any personnel whose function is law enforcement, including judges, county, or district attorneys, police, sheriffs, etc. |
| Public SA | Personnel connected with any public social agency other than DPW. |
| DPW | Any person employed in any capacity by DPW |
| Private SA | Personnel connected with any private social agency, church, religious group, etc. |



| | |
|---|---|
| School | Personnel connected with any public or private school, such as principal, counselor, teacher, etc. |
| Child Care | Any personnel connected with a child care facility, including day care facilities, self-facility, including day care facilities, institutions, etc. |
| Parent | Either parent or parent substitute, including a self-referral. |
| Victim | Child who has been abused or neglected. |
| Relative | Any relatie, including siblings, except parent or parent substitute. |
| Neighbor | Any person living at a residence near or next to that of the parent(s), parent substitute(s), or child(ren), excluding the above categories. |
| Friend | Any person who was acquainted with the family prior to the incident, excluding the above categories. |
| Anonymous | Complainant will not identify self. |
| Other | Limited **only** to individuals who do not conceivably fit into any of the above categories. It should **seldom** be necessary to use this category. |

18. This item is reserved for future use. Do not complete.

Section III — Individual Information

19. *Line Number (LN. NO.) (CANRIS Reports Only)* — The line number indicates the sequence in which individual names are entered on the Central Registry.

The worker must enter the number for each individual listed in the space provided.

The line number will appear on the CANRIS Feedback Report and must be used when submitting all additions, deletions, corrections, and finalizations of a CANRIS report to identify the individual being reported.

If the number of individuals to be reported exceeds five, the worker continues the numbering sequence on a second Form 2202-A.

20. *Last Name* — Enter the last name of each individual in the incident. Individuals to be reported include the children allegedly in need of protection, all other siblings in the home. parent(s) or parent substitute(s) who are responsible for the health and welfare of the children, and the perpetrator (if not the parent or parent substitute). Known aliases of any of the above should be listed as a separate individual.

**Note:** The mother's or mother substitute's maiden name is reported in the same way as an alias. Do not include as aliases nicknames which are derivatives of the person's legal name.

This item is limited to 15 letters. If the last name contains more tha 15 letters, the printout will show only the first 15 letters of the name.

21. *First Name* — Enter the first name of each individual in the incident. If the first name contains more than 10 letters, the printout will show only the **first** 10 letters of the name. Do not use nicknames as aliases if they are derivatives of the person's given name.

22. *Middle Initial (MI)* — Enter the individual's middle initial, if known.



23. *Birth Date* — Enter each individual's birth date by month/day/year. If the birth date is unknown, leave blank. On the computer printout, this date may appear as year only if the age only was given at the time of initial report (for example, 00/00/71).

24. *Age* — Enter the age, if known, or approximate age using two-digit whole numbers only. The age of infants under one year is coded as 00. For example, the age of a six-month old infant is entered as 00; age of an 18-month old child is entered as 01.

**Note:** It is important that this item be completed to aid in individual identification. This item must be completed for every individual on the finalizing report.

25. *Sex* — Enter the appropriate code to indicate the sex of each individual.
M — Male
F — Female

26. *Ethnic Group (ETH)* —Enter the two-character letter code from the following which most closely identifies the ethnic group.

| Ethnic Group | Code | Definition |
|---|---|---|
| Anglo | AN | Refers to Caucasian or white ethnic group |
| Black | BK | Refers to Negro or Black ethnic group |
| Mexican-American | MX | Refers to Mexican-American, Spanish-American, Chicano or Mexican ethnic group |
| American Indian | AI | Refers to American Indian ethnic group |

| | | |
|---|---|---|
| Oriental | OR | Refers to Oriental ethnic group |
| Other | OT | Refers to a person having a mixture of ethnic origins, none of which is predominant |

27. *Relationship (REL'SHIP)* — for the oldest child allegedly in need of protection, enter the two or three-letter code for the oldest victim. For all other persons listed, select the appropriate two or three-letter code which describes this relationship to the oldest victim.

If the name listed is an alias, select the appropriate relationship code and add the code letter "A." This item is always a three-letter code when it refers to an alias. Example: An alias used by the natural father is coded as "FAA."

| Relationship | Code | Alias |
|---|---|---|
| Oldest Victim | OV | OVA |
| Father | FA | FAA |
| Mother | MO | MOA |
| Stepfather | SF | SFA |
| Stepmother | SM | SMA |
| Preconsummation Adoptive Father | AF | AFA |
| Preconsummation Adoptive Mother | AM | AMA |
| Foster Father | FF | FFA |
| Foster Mother | FM | FMA |
| Grandfather | GF | GFA |
| Grandmother | GM | GMA |
| Brother | BR | BRA |
| Sister | SI | SIA |
| Stepbrother | SB | SBA |
| Stepsister | SS | SSA |
| Aunt | AU | AUA |
| Uncle | UC | UCA |



| | | |
|---|---|---|
| Other Relative | OT | OTA |
| School Personnel | SC | SCA |
| Day Care Personnel | DC | DCA |
| Institutional Personnel | IN | INA |
| None of the above | NO | NOA |
| Unknown | UN | UNA |

**Note**: The legal but non-natural parent is the same as the natural parent.

28. *Social Services Management System (SSMS) (CANRIS Reports Only)* — Enter an "X" in this item if you want the individual reported to CANRIS to be registered into the Social Services Management System. Use this item only for persons not automatically registered into SSMS at finalization of the report. Refer above to Item 6 under procedure for information on persons automatically registered into SSMS.

29. *Role (CANRIS Reports Only)* — This item identifies the victim(s) and the perpetrator(s) of the abuse or neglect incident. Select the appropriate two-letter code from the following list.

| Role | Code | Definition |
|---|---|---|
| Victim | VC | Used to identify the abused or neglected child(ren) |
| Perpetrator | PR | Used to identify the person(s) who is allegedly abusing or neglecting the child(ren) |
| Unknown | UK | Used if the person's role is not known |
| Uncertain | UC | Used if there is evidence to indicate the person's alleged role but enough doubt remains to require further investigation |
| Not Involved | NO | Used if the person is definitely not the victim or the perpetrator |

**Note:** If the name item contains an alias, the role item is to contain the line number of the person to whom the alias applies, **not** a role code. For example, if line number 4 contains the alias of name line 2, the role space of line 4 should contain the number 2.

30. *Street Address* — Enter the correct house number and street name. If there is no house number or street name, enter the route number and box number. If this item is the same as for the individual on the line immediately above, ditto marks may be entered. If more than one page is used, this item must be completed on the first line of each page.

31. *City* — Enter the name of the city. If this item is the same as for the individual on the line immediately above, ditto marks may be entered. If more than one page is used, this item must be completed on the first line of each page.

32. *State (ST)* — Enter the two-letter code to indicate the state. If the state is not shown below, enter the United States Postal Service two-letter code for that state. If this item is the same as for the individual on the line immediately above, ditto marks may be entered. If more than one page is used, this item must be completed on the first line of each page.

| State | Code |
|---|---|
| Arkansas | AR |
| Louisiana | LA |
| New Mexico | NM |
| Oklahoma | OK |
| Texas | TX |

33. *Zip Code* — Enter the five-digit zip code for the individual's address. If this item is the same as for the individual on the line immediately above, ditto marks



may be entered. If more than one page is used, this item must be completed on the first line of each page.

34. *County No. (CNTY)* — Enter the appropriate three-digit Texas county number of the individual's residence. If the county is not in Texas, enter "999" in this space. If this item is the same as for the individual on the line immediately above, ditto marks may be entered. If more than one page is used, this item must be completed on the first line of each page.

35. *Soundex Request (SNDX REQ) (CANRIS Reports Only)* — For each individual in the CANRIS incident for whom the reporting worker requests a Soundex search by mail, the worker must enter his initials in the Soundex request item for that individual. When this item is initialed, a computer search of the CANRIS files will be made to determine if there are previous incidents involving this individual. A hard copy of any possible name matches will be sent to the reporting worker. Leave blank if no Soundex search is requested for the individual.

36. *DPW Client No.* — Enter the nine-digit DPW social services client number for each individual as reported to the Social Services Management System. Leave blank if the client is not registered into SSMS.

37. *Social Security No.* — Enter the social security account number, if known, for each individual in the incident. Leave blank if unknown.

38. *Living Arrangement (LA)* — Enter one of the following two-digit codes to indicate each individual's rent living arrangement. If the living arrangement has changed at the time of the finalizing report, this item must be updated. If the individual dies, enter the living arrangement at the time of death.

01 — Own Home —

(1) An adult in his personal residence; rented, supplied at no cost, buying, or owned; living alone, with a spouse, and/or children. Other related or unrelated individuals might be living in this home;

(2) A child that is living with his parents, siblings, or guardian in their personal residence; rented, supplied at no cost, buying, or owned.

02 — Relative's Home — An individual living with a relative other than his parents, siblings, or guardian.

03 — Independent Living Arrangement — A child living apart from his family, relatives, or guardian in a situation in which he has generally placed himself.

04 — Adoptive Home — A home with individuals who are expecting to adopt a child, but the adoption has not been consummated.

05 — DPW Foster Family Home — A facility certified by DPW providing 24-hour care for six or fewer children.

06 — Other Foster Family Home — A commercial or non-DPW agency boarding home providing 24-hour care for six or fewer children.

07 — DPW Foster Group Home — A child care facility certified by DPW which provides care for 7 to 12 children for 24-hours a day.

08 — Other Foster Group Home — A commercial or non-DPW facility which provides 24-hour care for 7 to 12 children.



09 — Emergency Shelter Foster Home — A facility licensed or certified as a boarding home which cares for six or fewer children for emergency short-term care only.

10 — Emergency Shelter Foster Group Home — A facility licensed or certified as a foster group home which care for 7 to 12 children for emergency short-term care only.

11 — Emergency Shelter Institution — A child-caring institution licensed or certified as an emergency shelter which cares for 13 or more children.

12 — Public Child-Caring Institution — A facility operated by the State or its political subdivision which provides basic child care for 13 or more children for 24 hours a day.

13 — Private Child-Caring Institution — A private facility which provides basic child care for 13 or more children for 24 hours a day.

14 — Public Institution for the Mentally Retarded — An institution administered by a governmental agency to provide care to 13 or more mentally retarded individuals on a 24-hour a day basis.

15 — Private Institution for the Mentally Retarded — A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more mentally retarded individuals on a 24-hour a day basis.

16 — Public Institution for the Emotionally Disturbed or Mentally Ill — An institution administered by a governmental agency to provide care

to 13 or more emotionally disturbed or mentally ill individuals on a 24-hour a day basis (includes residential treatment center).

17. — Private Institution for the Emotionally Disturbed or Mentally Ill — A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more emotionally disturbed or mentally ill individuals on a 24-hour a day basis (includes residential treatment center).

18 — Public or Private Institution for the Physically Handicapped — A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more physically handicapped individuals on a 24-hour a day basis.

19 — Public or Private Institution for the Blind or Deaf — A profit or nonprofit institution licensed by the Department of Public Welfare or other governmental agency to provide care to 13 or more blind or deaf individuals on a 24-hour a day basis.

20 — Detention or Correctional Facility — A facility under the jurisdiction of the Department of Corrections or the Texas Youth Council or other city or county government for the retention of individuals for whom a judicial decision has been made to remand them to said institution.

21 — Maternity Home — A temporary residence for prenatal or postpartum care.

22 — Halfway House — A transitional residence for emotionally or behaviorally disturbed, alcoholic or drug addicted people who, while not in need of confinement in an institution, are unable to cope with the usual family or community life.



23 — State TB Hospital — A facility administered by the State for the treatment of tuberculosis.

24 — Other Hospital — A facility licensed by the Texas Department of Health Resources as a hospital.

25 — Nursing Home — A facility certified by the Department of Public Welfare and licensed by the Texas Department of Health Resources to give medical or social care as listed in the Texas Directory of Nursing Homes.

33 — Other — A child or adult in a living arrangement other than above.

34 — Unknown — A child or adult whose living arrangement is not known.

39. *Conservatorship (CONS) (CANRIS Reports Only)* — Enter the appropriate two-character code for **each child** in the report at the time of the finalizing CANRIS report. Leave blank for all adults.

**Conservatorship of Child**

| **Conservatorship** | **Code** |
|---|---|
| Not changed | NC |
| Placed with DPW | DW |
| Changed, not placed with DPW | ND |

40. *Court Action (CA) (CANRIS Reports Only)* — For **each child** in the report, enter the appropriate two-letter code for the court action at the time of the finalizing report.

## Court Action

| Action | Code |
|---|---|
| No petition filed | NO |
| Request to file refused | RR |
| Petition filed | PF |
| Petition withdrawn | PW |
| Conservator appointed | CA |
| Conservator not appointed | CN |

41. *Abuse Type (CANRIS Reports Only)* — When the CANRIS report is finalized, for each victim in the CANRIS incident, enter the four-letter code for the appropriate type of alleged abuse. If more than one type of abuse is identified, the workers enters the **one** type he considers to be the primary abuse. If no abuse is identified, enter "NONE."

| Type of Abuse or Injury | Code | Definition |
|---|---|---|
| Bone Fracture | BONE | Medical diagnosis |
| Brain Damage | BRAI | Medical or Psychiatric diagnosis |
| Bruises | BRUI | Observable injuries |
| Burns | BURN | Observed injuries inflicted by any hot object |
| Concussion | CONC | Medical diagnosis |
| Confinement | CONF | Tied up, locked up, kept in isolation in attic, closet or any other small restricted area |
| Dislocation | DISL | Bone structure — medical diagnosis |
| Dismemberment | DISM | Loss of bodily limb(s) |
| Emotional Abuse | EMOT | May be manifested in a variety of ways such as extremes of scapegoating, name calling, derisive or belittling comments, constant expectations far above the child's capabilities, constant rejection, etc., resulting in the child feeling worthless or bad. May be determined through psychological or psychiatric evaluation. |
| Exploitation | EXPL | Child forced to perform activities for the benefit of an adult, such as beg steal, prostitute, work long hours, etc. |
| Exposure | EXPO | Child forced to remain outside in extremely cold weather (result-frost bite or freezing) or extremely hot weather (result-severe sunburn or heat prostration) |
| Hematoma, Subdural | HEMA | Medical diagnosis |
| Hemorrhage, Subdural | HEMR | Medical diagnosis |
| Internal Injuries | INTL | Medical diagnosis |
| Malnutrition | MALN | Deliberate withholding of food |
| Poisoning | POIS | Includes drugs - deliberate act inflicted on child |
| Scalding | SCAL | Deliberate act inflicted on child using any hot liquid as differentiated from "burns" |

| | | |
|---|---|---|
| Sexual Abuse | SEXL | Any sex act perpetrated on a child |
| Skull Fracture | SKUL | Medical diagnosis |
| Sprains | SPRA | Medical diagnosis |
| Suffocation | SUFF | Child deprived of oxygen (includes strangling, asphyxiation or drowning) |
| Welts | WELT | Observable injuries |
| Wounds | WOUN | Observable injuries - includes abrasions, lacerations, cuts, or punctures |
| None | NONE | Use this code when no abuse exists |

42. *Neglect Type (CANRIS Reports Only)* — When the CANRIS incident is finalized, enter the four-letter code for the appropriate type of alleged neglect for each victim in the CANRIS incident. If more than one type of neglect is identified or suspected, the worker should enter the **one** type he considers to be the primary neglect. If no neglect is identified, enter "NONE."

| Neglect Type | Code | Definition |
|---|---|---|
| Abandonment | ABAN | Parent(s) or parent substitute(s) leaves child with no intention to return |
| Educational | EDUC | Child kept out of school continuously or for long periods of time |
| Medical | MEDI | Failure to provide needed medical attention (see Section 7211 of Social Services Handbook for limitations) |



| | | |
|---|---|---|
| Physical | PHYS | Child always in dirty, ragged clothes, home filthy, vermin infested, garbage and litter strewn around; child fed erratically or not at all, or fed spoiled, unsanitary, contaminated food |
| Lack of Supervision | SUPE | Child left without adult supervision for long period of time - depends upon duration, extent and age of child |
| None | NONE | Use this code when no neglect exists |

43. *Fatal (FTL) (CANRIS Reports Only)* — For each victim enter "Y" for Yes or "N" for No to indicate whether the abuse or neglect was fatal.

44. *Previous Incident Number (PREV INC NO) (CANRIS Reports Only)* — Enter the previous CANRIS incident number if the individual was previously reported to CANRIS. This number can be obtained from DPW records or through a Soundex search of CANRIS files. If more than one previous CANRIS incident has been reported, enter the number of the **latest** incident only. Leave blank if there is no previous CANRIS incident number.

**Note:** Before entering a previous incident number, the worker should be certain that the individual reported is the same as the individual in the previous incident.

45. *Line (CANRIS Reports Only)* — Enter the CANRIS line number that identifies the individual in the last previous CANRIS incident reported in Item 44.

Section IV — Finalizing Information

This section is to be completed by the worker who finalizes the investigation.

46. *Findings (CANRIS Reports Only)* — Enter one of the following one-character codes to indicate the type of case found as a result of the investigation.

A—Abuse
N—Neglect
B—Both Abuse and Neglect
C—Neither Abuse nor Neglect (use only for invalid dispositions and when family has moved)

47. *Disposition (DISP)(CANRIS Reports Only)* — Enter the appropriate three-letter code in the space provided to show the outcome of the abuse or neglect investigation.

| **Disposition** | **Code** | **Definition** |
|---|---|---|
| Validated | VAL | Abuse or neglect has been substantiated |
| Invalidated | INV | Abuse or neglect has been **clearly** ruled out |
| Uncertain | UNC | Actual abuse or neglect cannot be substantiated or completely ruled out, but there is enough evidence from the investigation to establish a reasonable doubt that there may be abuse or neglect |
| Potential Identified | POT | Actual abuse or neglect cannot be substantiated but there is sufficient evidence to identify that abuse or neglect is **likely** to occur as a result of existing conditions in the home which seriously threaten the child's physical or emotional well being. In these instances, continuing social services are indicated to prevent the actual occurrence of abuse or neglect |
| Family Moved | MOV | Family moved before any of above dispositions were made |



**Note:** When disposition item is entered in CANRIS reports, Item 29 "Role" should be updated as follows:

(1) If the report is validated, there must be either a victim or a perpetrator, and there should be both.

(2) If the report is invalidated, there is no victim or perpetrator and the role of all individuals in the incident become "NO" (not involved).

(3) If the results of the investigation are uncertain or the family moved, the roles become "UC" (uncertain), "UK" (unknown), or "NO" (not involved), depending on the worker's evaluation of the situation. All roles cannot be "NO" (not involved).

(4) If the investigation identifies potential abuse or neglect, a potential victim or perpetrator must be identified.

48. *Criminal Action (CRIM ACT) (CANRIS Reports Only)* — Enter the appropriate two-letter code to indicate status of criminal action for the current incident.

## Criminal Action

| Action | Code |
|---|---|
| No charge filed | NC |
| Charges filed | CF |
| Charged dropped | CD |
| Hearing set | HS |
| Hearing postponed | HP |
| Hearing in process | IP |
| Perpetrator convicted | PC |
| Perpetrator acquitted | PA |

49. *Annual Income (ANN'L INC) (CANRIS Reports Only)* — Enter the approximate **yearly** income of the victim's family. Round the amount to the nearest dollar. For example, $10,061.38 should be entered as $10,061.

50. *Primary Provider Occupation (OCC) (CANRIS Reports Only)* — Enter one of the following three-letter codes to indicate the occupation of the main provider in the victim's family unit.

| Occupation | Code | Definition |
|---|---|---|
| Not in Labor Force | NLF | All persons not currently in the labor force: student, housewife, etc. |
| Unemployed | UNE | Persons unable or unwilling to find suitable employment |
| Unskilled Labor | USK | Those jobs requiring little or no formal training or acquisition of specific skills: janitor, waitress, day laborer, etc. |
| Skilled Labor | SKL | Requiring some degree of formal training or apprenticeship, trade school: plumber, mechanic, beautician, etc. |
| Bussiness/ Professional | BUS | High level of skills in dealing with people: legal, medical, education, administration, etc. |
| Agriculture | AGR | Persons directly involved in production of agricultural products: farmer, rancher, forester, farm laborer, etc. |
| Technical | TEC | High level of skills in dealing with industrial application: draftsman, electronic technician, etc. |
| Other | OTH | Persons who cannot be related to above occupations |
| Unknown | UNK | Occupation of primary provider is unknown |



51. *Date Finalized* — Enter the month, day, and year on which the worker completes the finalizing information.

52. *Findings (Non-CANRIS Cases Only)* — Enter one of the following two-character codes to indicate the primary type of case found as a result of the non-CANRIS investigation:

| | | |
|---|---|---|
| TR | — | Truancy |
| RU | — | Runaway |
| CH | — | Child in Need of Supervision |
| UN | — | Unmarried or School-Age Parent |

| | | |
|---|---|---|
| CO | — | Court Ordered Social Study |
| OT | — | Other Type of Protective Service Needed |
| NO | — | No Need for Protective Services Found (Use only for invalid dispositions) |

53. *Disposition (DISP) (Non-CANRIS Cases Only)* — Enter the appropriate three-letter code in the space provided to show the outcome of the non-CANRIS investigation:

| Disposition | Code | Definition |
|---|---|---|
| Validated | VAL | Need for protective services has been substantiated |
| Invalidated | INV | Need for any type of protective services has been clearly ruled out |
| Uncertain | UNC | Actual need for protective services cannot be substantiated or completely ruled out, but there is sufficient evidence from the investigation to establish a reasonable doubt about the need for protective services |
| Potential | POT | Actual need for protective services cannot be substantiated, but there is enough evidence to identify that the need for protective services is likely to occur as a result of existing conditions in the home which seriously threaten the child's physical or emotional well-being |



| | | |
|---|---|---|
| Family Moved | MOV | Family moved before any of the above dispositions were made |

54. Reserved for future use. Do not complete.

55. Reserved for future use. Do not complete.

Section V — Last Reporting Worker Identification

Items 56 through 62 appear only on Form 2202-B, CANRIS Feedback Report. These items are completed by the computer and will identify the last reporting worker. Corrections and updates of this information must be made in Section I of a blank Form 2202-A.

56. *Worker Last Name* — This item contains the last name of the last reporting worker.

57. *First Name* — This item contains the first name of the last reporting worker.

58. *Middle Initial (MI)* — This item contains the middle initial of the last reporting worker.

59. *Employee Number (EMP NO)* — This item contains the four-digit employee number of the last reporting worker.

60. *Budgeted Job Number (BJN)* — This item contains the eight-digit budgeted job number of the last reporting worker.

61. *Mail Code* — This item contains the office mail code of the last reporting worker.

62. Reserved for future use. Do not complete.

63. *Page of Pages* — Use this item to indicate number of pages of Part I when the number of reported individuals in the incident requires two or more pages of

Part I. For example, if two pages are needed, enter **1** of **2** on the first page and **2** of **2** on the second page. When more than one page is needed, complete Items, 1, 2, 3, 4 (for updates), 5, 6, 7, either 8 or 9, 10, 12, and 13 on the additional pages. Staple together all pages of a single report.

64. *Worker Signature* — The reporting worker must sign the form.

Part II — Intake Supplement

*Presenting Problems* — Briefly describe the presenting problems of the alleged abuse, neglect, truancy, runaway, children in need of supervision, unmarried or school-age parent, court-ordered social study, OTI, etc.

*Is the Child in Immediate Danger* — Check "Yes," "No," or "Possibly" to indicate whether the child is in immediate danger of being permanently harmed or losing his life.

*Has a Doctor Seen the Child* — Check "Yes" or "No" to indicate whether the child has been seen by a physician. If the child has been seen by a physician, enter the name of the doctor, date seen, and treatment given.

*Is Immediate Removal/Placement Needed* — Check "Yes," "No," or "Possibly" to indicate whether immediate removal of the child from his current situation is needed. If immediate removal is needed, state the reason.

*Complainant* — When possible, enter identifying information on the person who made the complaint, including name, phone number, address, and relationship to child.

*Present/Previous Case: Local Records/CANRIS Soundex Information* — Enter notes on location,



disposition of, or other pertinent information on any current or previous case(s) involving this client.

**Action Taken**

*Worker Recommendation* — The worker enters his recommendation for whether continued protective services are needed. The worker enters the reasons and the date of his recommendation.

*Supervisor Decision* — The supervisor notes whether the case is assigned for continued protective services. If yes, enter the name of the worker assigned. If no, enter the reason for not continuing protective services. Enter the date of the decision and supervisor's signature.

## FORM 2202-B
## Instructions

## CANRIS FEEDBACK REPORT

### PURPOSE

Form 2202-B, CANRIS Feeback Report, is printed by the computer from information supplied to the telecommunications terminal. Form 2202-B is mailed to the worker for confirmation of data on file. Form 2202-A, Children's Protective Services Intake and CANRIS Report, Part I, is used to update information on file.

# CANRIS CODE CARD

## SOURCE OF REPORT

EPSDT
Doctor
Hospital
Clinic
Law
Public SA
DPW
Private SA
School
Child Care
Parent
Victim
Relative
Neighbor
Friend
Anonymous
Other

## SEX

M Male
F Female

## ETHNIC GROUP

AN Anglo
BK Black
MX Mexican-American, Mexican, Chicano, Spanish-American
AI American Indian
OR Oriental
OT Other



## RELATIONSHIP

| Code | Alias Code | |
|---|---|---|
| OV | OVA | Oldest Victim |
| FA | FAA | Natural Father |
| MO | MOA | Natural Mother |
| SF | SFA | Stepfather |
| SM | SMA | Stepmother |
| AF | AFA | Preconsummation Adoptive Father |
| AM | AMA | Preconsummation Adoptive Mother |
| FF | FFA | Foster Father |
| FM | FMA | Foster Mother |
| GF | GFA | Grandfather |
| GM | GMA | Grandmother |
| BR | BRA | Brother |
| SI | SIA | Sister |
| SB | SBA | Stepbrother |
| SS | SSA | Stepsister |
| AU | AUA | Aunt |
| UC | UCA | Uncle |
| OT | OTA | Other Relative |
| SC | SCA | School Personnel |
| DC | DCA | Day Care Personnel |
| IN | INA | Institutional Personnel |
| NO | NOA | None of the above |
| UN | UNA | Unknown |

## ROLE IN INCIDENT

VC Victim
PR Perpetrator
UK Unknown
UC Uncertain
NO Not Involved

## STATE

AR Arkansas
LA Louisiana
NM New Mexico
OK Oklahoma
TX Texas
Any other state, use 2-letter code of U.S. Postal Service.

## LIVING ARRANGEMENT

01 Own Home
02 Relative's Home
03 Independent Living Arrangement
04 Adoptive Home
05 DPW Foster Family Home
06 Other Foster Family Home
07 DPW Foster Group Home
08 Other Foster Group Home
09 Emergency Shelter Foster Home
10 Emergency Shelter Foster Group Home
11 Emergency Shelter Institution
12 Public Child-Caring Institution
13 Private Child-Caring Institution
14 Public Institution for Mentally Retarded
15 Private Institution for Mentally Retarded
16 Public Institution for the Emotionally Disturbed
17 Private Institution for the Emotionally Disturbed
18 Public or Private Institution for Physically Handicapped
19 Public or Private Institution for the Blind or Deaf
20 Detention or Correctional Facility
21 Maternity Home
22 Halfway House
23 State TB Hospital
24 Other Hospital
25 Nursing Home
33 Other
34 Unknown



## CONSERVATORSHIP OF CHILD

NC Not changed
DW Placed with DPW
ND Changed, not placed with DPW

## COURT ACTION

NO No petition filed
RR Request to file refused
PF Petition filed
PW Petition withdrawn
CA Conservator appointed
CN Conservator not appointed

## ABUSE TYPE

BONE Bone Fracture
BRAI Brain Damage
BRUI Bruises
BURN Burns
CONC Concussion
CONF Confinement
DISL Dislocation
DISM Dismemberment
EMOT Emotional Abuse
EXPL Exploitation
EXPO Exposure
HEMA Hematoma, Subdural
HEMR Hemorrhage, Subdural
INTL Internal Injuries
MALN Malnutrition
POIS Poisoning
SCAL Scalding
SEXL Sexual Abuse
SKUL Skull Fracture
SPRA Sprains
SUFF Suffocation
WELT Welts

WOUN Wounds
NONE None

**NEGLECT TYPE**

ABAN Abandonment
EDUC Educational
MEDI Medical
PHYS Physical
SUPE Lack of Supervision
NONE None

**FINDINGS (CANRIS Reports Only)**

A Abuse
N Neglect
B Both Abuse and Neglect
C Neither Abuse nor Neglect

**FINDINGS (Non-CANRIS Reports Only)**

TR Truancy
RU Runaway
CH Child in Need of Supervision
UN Unmarried or School-age Parent
CO Court-Ordered Social Study
OT Other Type of Protective Services Needed
NO No Need for Protective Services

**DISPOSITION**

VAL Validated
INV Invalidated
UNC Uncertain
POT Potential Identified
MOV Family Moved



**CRIMINAL ACTION**

NC No charge filed
CF Charges filed
CD Charges dropped
HS Hearing set
HP Hearing postponed
IP Hearing in process
PC Perpetrator convicted
PA Perpetrator acquitted

**OCCUPATION**

NLF Not in Labor Force
UNE Unemployed
USK Unskilled
SKL Skilled
BUS Business/Professional
AGR Agriculture
TEC Technical
OTH Other
UNK Unknown

State Department of Public Welfare
General Information
326.01



Temporary Adoptions
Social Services Handbook
326.01.01.040

The Department of Public Welfare proposes to amend its rule adopting by reference the Social Services Handbook narrative section. The amendment reflects an addition to Section 7222. Proposed to be added are these statements about the Department's Child Abuse and Neglect Report and Inquiry System (CANRIS):

Names reported into CANRIS will be automatically removed from the files after a period of six months when the report of abuse and/or neglect has been invalidated.

CANRIS reports that have been determined to be validated, uncertain, potential, or moved will remain on the files until the youngest victim reported in the case reaches the age of eighteen.

Also included are definitions of invalidated, validated, uncertain, potential, and moved as they relate to investigations of reported child abuse and neglect.

CANRIS is an automated system designed to facilitate reporting of child abuse and neglect and to collect and store confidential information in a central registry. Reporting to and inquiring of the CANRIS system are functions limited to authorized Departmental protective services staff.

Written comments are invited and may be sent to Susan Johnson, Systems and Procedures Bureau—216, Department of Public Welfare, John H. Reagan Building, Austin, Texas, 78701, within 30 days of the publication of this *Register*.

A public hearing to consider this proposed amendment has been scheduled for 9:00 a.m., Wednesday, May 5, 1976, in Room 411, John H. Reagan Building, Austin, Texas. Those wishing to make oral or public comment may do so at that time.

This amendment is proposed under the authority of Article 695c, Texas Civil Statutes.

.040. Social Services Handbook. The Department of Public Welfare adopts by reference the rules contained



in the policy and procedure, narrative, sections of the Social Services Handbook AS AMENDED IN MAY, 1976.

Issued in Austin, Texas on _____.

Raymond W. Vowell
Commissioner
State Department of Public Welfare

STATE DEPARTMENT OF PUBLIC WELFARE

OFFICE MEMORANDUM
April, 1976

TO: All Holders of Social Services Handbook

FROM: Jerome Chapman
Deputy
Commissioner
State Office

Social Services
Handbook Revision
No. ____

SUBJECT: Removal of Names Reported into CANRIS

---

Make the following changes in your Social Services Handbook:

*Substitute*

Page 7222*-7223

Names reported into CANRIS will be automatically removed from the files after a period of six months when the report of abuse and/or neglect has been invalidated. Reports that have been determined to be Validated, Uncertain, Potential or Moved remain on the files until

the youngest victim reported in the case reaches the age of 18 years.

Jerome Chapman

JC:fh

Attachment

All reports of abuse and neglect must be reported to CANRIS. Even though the case may be active at the time the report is received, the new report should be entered into the CANRIS system. An inquiry about previous incidents is to be made on all reports of abuse and neglect, unless the case is currently active and the information has already been received. When a report of child abuse or neglect is received, the worker immediately make a report and inquiry through CANRIS by calling a telecommunications operator. CANRIS telecommunications centers are located throughout the State. Form 2202-B, CANRIS Feedback Report, will be printed by the computer from information supplied via the telecommunications terminal. The CANRIS Feedback Report will be mailed to the worker for confirmation of data, updating, correcting, or filing. Updating must be completed as follows:

1. During investigation to enter information which necessitated another inquiry.

2. Within 30 days after the receipt of the report to indicate a determination of the validity or invalidity of the occurrance of abuse or neglect.

3. As soon as a family moves, if they do so prior to the determination concerning validity.



4. As soon as court action regarding the child or family is finalized, if still pending beyond 30 days of the date of receipt of the report.

Names reported into CANRIS will be automatically removed from the files after a period of six months when the report of abuse and/or neglect has been invalidated.

Invalidated is defined as a case in which the investigating worker has proven that neither abuse nor neglect exists.

CANRIS reports that have been determined to be Validated, Uncertain, Potential or Moved will remain on the files until the youngest victim reported in the case reaches the age of eighteen.

Validated is defined as a case in which the investigating worker has proven that neglect or abuse exists.

Uncertain is defined as a case in which actual abuse or neglect cannot be substantiated or completely ruled out, but there is enough evidence from the investigation to establish a reasonable doubt that there may be abuse or neglect.

Potential is defined as those cases where actual abuse or neglect cannot be substantiated but there is sufficient evidence to identify that abuse or neglect is likely to occur as a result of existing conditions in the home which threaten the child's physical or emotional well-being.

Moved is defined as a case where the reported individuals have moved from the reported location and the investigating worker is unable to establish their whereabouts.

If licensing or social services staff suspect during the course of a home or licensing study that the family or

individual may have been involved in an abuse or neglect situation in the past, the worker may request a CANRIS inquiry on the family or individual. The inquiry is requested by submitting a memo to the Chief Administrator, Social Services Branch State Office. The request must include specific reasons for the request, the family member's or individual's full name, birth date, sex, ethnic group and social security number.

The decision regarding intervention by the Department may be shared with an agency or professional person making the report. Protective services staff should make themselves available to physicians or professional persons in hospitals, clinics, or schools requesting to have inquiry information without making a report. The requirement to enter a report of abuse or neglect before inquiry information can be obtained should be explained to the professional person. The worker may discuss with the professional person whether the inquiry without a report would place the professional person in violation of the mandatory reporting law (see Item 7111, Child Abuse or Neglect Reporting Law). Validity of the identity of the professional person must be obtained before confidential information is released. The professional person will be helped to understand the confidential nature of the inquiry information and how it should be used in acting on the reported abuse or neglect. If the professional person declines making a report, the worker and supervisor must evaluate the possibility of abuse or neglect in the case, based on the information gained from the professional person at the time of the request for a CANRIS inquiry. If it is felt that potential danger to the child exists, a CANRIS report and further inquiry into the situation should be made by the worker.



Cases reported for truancy, runaway behavior, juveniles in need of supervision, unmarried and school-age parents are not reported into the CANRIS system unless the child's situation appears to involve abuse or neglect. If abuse or neglect is suspected to be a problem in the youth's situation, a report into CANRIS is made.

A CANRIS report will be made of a complaint or report stating that the death of a child was attributed to abuse or neglect, even if no other children remain in the home.

CANRIS information must be kept up-to-date regarding the findings of all reports made to the Department of abuse and neglect and the disposition of each case.

### 7223 Investigation of Complaint or Report

If the complaint does not obviously fall outside the Department's responsibility to see to the protection of children, an investigation is made into the child's situation to determine whether the child is in need of protective services. The primary purpose of the investigation shall be the protection of the child. TEX. FAM. CODE §34.05(a). The investigation will be mde in a non-accusatory and non-punitive manner conducive to maintaining the parent-child relationship and strengthening the family, if possible. Protection will be provided for the child when needed. The investigation is to be completed within 30 days if possible.

Priorities or continuing the investigation are centered around the seriousness of the child's situation. If the complaint indicates that the child's life or safety is in danger, or that he may be injured, an investigation is to be made immediately to determine the nature and extent of harm to the child and the steps which must be taken to protect him.

June 18, 1976

MEMORANDUM

TO: Chairman and Members
State Board of Public Welfare

FROM: Raymond W. Vowell
Commissioner

SUBJECT: AGENDA ITEM NO. 8a - Approval of Policies Previously Published in *The Texas Register:* Removal of Names from Child Abuse and Neglect Report and Inquiry System

Proposed policy and procedural changes to the Social Services Handbook and the Child Abuse and Neglect Report and Inquiry System (CANRIS) were published in *The Texas Register* on April 20, 1976, for a thirty (30) day public review and comment period. These changes deal with the removal of names and identifying information from the central computer file after a six month period when the report of abuse or neglect has been invalidated. CANRIS reports that have been determined to be validated, uncertain, potential, or moved would remain on file until the youngest victim reaches the age of 18. Also included were definitions of the terms invalidated, validated, uncertain, potential and moved.

After a review of the public comments received, the following revisions to the proposed policy are submitted for your review and approval:

A. Revise the case determination terms to reflect the following:

| | |
|---|---|
| VALID | - Abuse or neglect has been substantiated. |



| | |
|---|---|
| INVALID | - Abuse or neglect has been clearly ruled out. |
| UNCERTAIN | - Actual abuse or neglect cannot be substantiated or clearly ruled out, but there is enough evidence from investigation to establish a reasonable doubt that there may be abuse or neglect. |
| POTENTIAL | - Actual abuse or neglect cannot be substantiated, but there is sufficient evidence to identify that abuse or neglect is likely to occur as a result of existing conditions in the home which seriously threaten the child's physical or emotional well-being. In these instances, continuing social services are indicated to prevent the actual occurrence of abuse or neglect. |
| FAMILY MOVED | - Family moved before any of the above dispositions were made. |

B. On invalidated cases the following identifying information is to be removed from the CANRIS file and the case record file: the individual's name, street address, DPW client number, and Social Security number.

*Recommendations:*

It is recommended that the Board approve this policy and its submission to *The Texas Register* to be effective on the earliest possible date.

Additionally, it is recommended that the Board instruct the Department as follows: (1) To report annually on the CANRIS system, particularly on the Uncertain and Moved categories as to whether multiple reports are received on individuals within these categories; and (2) To conduct a future study related to notification of adults who are registered on the CANRIS file.

Respectfully submitted,

s/s

Raymond W. Vowell



SD005

TEXAS DEPARTMENT OF PUBLIC WELFARE
VICTIM PROFILE INFORMATION
FOR THE PERIOD BEGINNING 12/03/73 AND ENDING 05/31/76

RUN DATE = 7/08/76
PAGE NBR = 1

| ABUSE OR INJURY | VICTIM AGE 0-3 | AGE 4-6 | AGE 7-10 | AGE 11-14 | AGE 15-18 | SEX MALE | SEX FEMALE | ETHNIC GROUP ANGLO | NEGRO | MEX/AMER | OTHER | PERPETRATOR RELATIONSHIP MOTHER | FATHER | OTHER RELATIVE | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BONE FRACTURE | 200 | 24 | 16 | 15 | 3 | 152 | 106 | 130 | 61 | 55 | 12 | 177 | 147 | 6 | 20 |
| BRAIN DAMAGE | 26 | 2 | 1 | 0 | 0 | 20 | 10 | 15 | 8 | 7 | 0 | 20 | 13 | 0 | 6 |
| BRUISES | 1696 | 1331 | 1395 | 1325 | 724 | 3271 | 3203 | 3896 | 947 | 1430 | 203 | 3742 | 3784 | 431 | 543 |
| BURNS | 132 | 61 | 46 | 15 | 13 | 151 | 116 | 115 | 89 | 54 | 9 | 202 | 88 | 30 | 30 |
| CONFINEMENT | 45 | 22 | 30 | 25 | 13 | 62 | 73 | 69 | 10 | 41 | 15 | 103 | 72 | 6 | 12 |
| DISLOCATION | 9 | 0 | 0 | 1 | 2 | 4 | 8 | 4 | 3 | 4 | 1 | 8 | 8 | 2 | 1 |
| DISMEMBERMENT | 1 | 1 | 1 | 0 | 0 | 1 | 2 | 2 | 1 | 0 | 0 | 1 | 2 | 0 | 0 |
| EMOTIONAL ABUSE | 806 | 754 | 1007 | 1174 | 695 | 2172 | 2273 | 2839 | 616 | 846 | 144 | 3356 | 2469 | 316 | 162 |
| EXPLOITATION | 38 | 40 | 70 | 117 | 62 | 148 | 179 | 162 | 49 | 100 | 16 | 234 | 172 | 36 | 17 |
| EXPOSURE | 26 | 11 | 3 | 3 | 2 | 22 | 23 | 26 | 7 | 7 | 5 | 35 | 16 | 0 | 4 |
| HEMATOMA, SUBDURAL | 35 | 3 | 3 | 2 | 1 | 20 | 25 | 23 | 10 | 9 | 3 | 29 | 22 | 3 | 5 |
| HEMORRHAGE, SUBDURAL | 13 | 3 | 1 | 2 | 0 | 8 | 11 | 7 | 5 | 7 | 0 | 11 | 15 | 0 | 2 |
| INTERNAL INJURIES | 26 | 7 | 4 | 3 | 4 | 24 | 20 | 20 | 13 | 8 | 3 | 20 | 23 | 3 | 13 |
| MALNUTRITION | 304 | 72 | 38 | 27 | 5 | 247 | 199 | 172 | 93 | 169 | 12 | 428 | 234 | 27 | 6 |
| POISONING | 21 | 10 | 3 | 1 | 1 | 22 | 14 | 21 | 13 | 2 | 0 | 33 | 12 | 1 | 0 |
| SCALDING | 18 | 1 | 4 | 0 | 0 | 16 | 8 | 7 | 13 | 4 | 0 | 18 | 15 | 3 | 2 |
| SEXUAL ABUSE | 99 | 194 | 348 | 530 | 281 | 259 | 1195 | 931 | 200 | 263 | 60 | 544 | 1029 | 159 | 226 |
| SKULL FRACTURE | 58 | 3 | 1 | 0 | 1 | 41 | 22 | 24 | 20 | 17 | 2 | 38 | 29 | 0 | 10 |
| SPRAINS | 1 | 1 | 1 | 2 | 2 | 1 | 6 | 4 | 0 | 3 | 0 | 4 | 2 | 0 | 1 |
| SUFFOCATION | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 0 |
| WELTS | 175 | 202 | 253 | 244 | 93 | 506 | 461 | 430 | 344 | 169 | 24 | 618 | 509 | 59 | 66 |
| WOUNDS | 100 | 71 | 110 | 104 | 60 | 236 | 209 | 173 | 181 | 81 | 10 | 273 | 215 | 25 | 28 |
| TOTAL | 3831 | 2813 | 3335 | 3590 | 1962 | 7384 | 8164 | 9071 | 2683 | 3277 | 519 | 9894 | 8878 | 1107 | 1154 |

SD005

TEXAS DEPARTMENT OF PUBLIC WELFARE
VICTIM PROFILE INFORMATION
FOR THE PERIOD BEGINNING 12/03/73 AND ENDING 05/31/76

RUN DATE = 07/08/76
PAGE NBR = 2

| ABUSE OR INJURY | COURT ACTION | | | | | | FATALITIES | PERPETRATOR AGE | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | PETITION NOT FILED | REQUEST TO FILE REFUSED | PETITION FILED | PETITION WITHDRAWN | CONSERVATOR APP | CONSERVATOR NOT APP | | UNDER 18 | 18-25 | 26-40 | OVER 40 |
| BONE FRACTURE | 97 | 2 | 71 | 13 | 73 | 2 | 7 | 27 | 202 | 106 | 7 |
| BRAIN DAMAGE | 15 | 0 | 3 | 2 | 9 | 0 | 17 | 3 | 20 | 15 | 1 |
| BRUISES | 5316 | 11 | 462 | 105 | 560 | 15 | 22 | 205 | 2064 | 4634 | 1347 |
| BURNS | 179 | 0 | 34 | 3 | 50 | 1 | 4 | 31 | 134 | 142 | 32 |
| CONFINEMENT | 105 | 0 | 10 | 2 | 18 | 0 | 1 | 1 | 48 | 98 | 42 |
| DISLOCATION | 7 | 0 | 2 | 0 | 3 | 0 | 0 | 1 | 15 | 2 | 0 |
| DISMEMBERMENT | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 |
| EMOTIONAL ABUSE | 3503 | 1 | 338 | 57 | 526 | 16 | 2 | 70 | 827 | 3562 | 1698 |
| EXPLOITATION | 246 | 4 | 27 | 4 | 43 | 3 | 0 | 6 | 42 | 245 | 152 |
| EXPOSURE | 26 | 0 | 8 | 1 | 10 | 0 | 2 | 6 | 22 | 20 | 5 |
| HEMATOMA, SUBDURAL | 23 | 1 | 9 | 0 | 11 | 0 | 7 | 4 | 37 | 17 | 0 |
| HEMORRHAGE, SUBDURAL | 12 | 0 | 1 | 0 | 6 | 0 | 6 | 2 | 7 | 14 | 4 |
| INTERNAL INJURIES | 25 | 0 | 6 | 1 | 9 | 0 | 20 | 1 | 28 | 23 | 5 |
| MALNUTRITION | 282 | 0 | 56 | 8 | 92 | 3 | 11 | 26 | 297 | 250 | 103 |
| POISONING | 19 | 0 | 9 | 1 | 7 | 0 | 0 | 3 | 13 | 28 | 0 |
| SCALDING | 13 | 0 | 5 | 1 | 4 | 0 | 4 | 4 | 15 | 16 | 2 |
| SEXUAL ABUSE | 932 | 3 | 221 | 9 | 283 | 4 | 0 | 98 | 194 | 1065 | 553 |
| SKULL FRACTURE | 29 | 0 | 16 | 1 | 15 | 0 | 13 | 15 | 44 | 17 | 1 |
| SPRAINS | 4 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 2 | 2 | 2 |
| SUFFOCATION | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 0 |
| WELTS | 781 | 1 | 63 | 16 | 99 | 6 | 0 | 14 | 248 | 747 | 218 |
| WOUNDS | 315 | 0 | 47 | 5 | 72 | 4 | 7 | 10 | 127 | 291 | 96 |
| TOTAL | 11933 | 23 | 1390 | 229 | 1892 | 54 | 125 | 527 | 4387 | 11298 | 4268 |

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SD005

TEXAS DEPARTMENT OF PUBLIC WELFARE
VICTIM PROFILE INFORMATION
FOR THE PERIOD BEGINNING 12/03/73 AND ENDING 05/31/76

RUN DATE = 07/08/76
PAGE NBR = 3

| NEGLECT | VICTIM | | | | | | | | | | | PERPETRATOR RELATIONSHIP | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | AGE 0-3 | AGE 4-6 | AGE 7-10 | AGE 11-14 | AGE 15-18 | SEX MALE | SEX FEMALE | ETHNIC GROUP ANGLO | ETHNIC GROUP NEGRO | ETHNIC GROUP MEX/AMER | ETHNIC GROUP OTHER | MOTHER | FATHER | OTHER RELATIVE | OTHER |
| ABANDONMENT | 996 | 570 | 510 | 457 | 258 | 1434 | 1360 | 1409 | 528 | 734 | 123 | 2410 | 905 | 87 | 75 |
| EDUCATIONAL | 99 | 453 | 1318 | 1647 | 675 | 2034 | 2167 | 1900 | 730 | 1462 | 109 | 3617 | 1872 | 243 | 53 |
| MEDICAL | 1729 | 891 | 916 | 579 | 215 | 2207 | 2130 | 1613 | 877 | 1743 | 104 | 3919 | 1974 | 246 | 66 |
| PHYSICAL | 4048 | 2771 | 3217 | 2403 | 922 | 6823 | 6553 | 6909 | 2376 | 3741 | 351 | 11773 | 6517 | 762 | 272 |
| LACK OF SUPERVISION | 4142 | 3946 | 5138 | 4569 | 1851 | 10294 | 9364 | 9665 | 3965 | 5444 | 588 | 17309 | 6886 | 958 | 441 |
| TOTAL | 11014 | 8631 | 11099 | 9655 | 3921 | 22792 | 21574 | 21495 | 8476 | 13124 | 1275 | 39028 | 18154 | 2296 | 907 |

A-305

| NEGLECT | COURT ACTION | | | | | | FATALITIES | PERPETRATOR AGE | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | PETITION NOT FILED | REQUEST TO FILE REFUSED | PETITION FILED | PETITION WITHDRAWN | CONSERVATOR APP | CONSERVATOR NOT APP | | UNDER 18 | 18-25 | 26-40 | OVER 40 |
| ABANDONMENT | 1604 | 8 | 453 | 65 | 649 | 4 | 5 | 103 | 1064 | 1666 | 500 |
| EDUCATIONAL | 3938 | 0 | 94 | 7 | 157 | 4 | 0 | 24 | 252 | 3346 | 1996 |
| MEDICAL | 3704 | 4 | 219 | 34 | 357 | 9 | 46 | 192 | 1692 | 3057 | 1145 |
| PHYSICAL | 11567 | 10 | 609 | 91 | 1062 | 24 | 20 | 320 | 4018 | 10524 | 4136 |
| LACK OF SUPERVISION | 17454 | 9 | 850 | 165 | 1158 | 14 | 37 | 295 | 4272 | 15616 | 4809 |
| TOTAL | 38267 | 31 | 2225 | 362 | 3383 | 55 | 108 | 934 | 11298 | 34209 | 12586 |

PERPETRATOR'S RELATIONSHIP TO THE VICTIM

| VICTIM AGE AND SEX | MOTHER FIGURE UNDER 18 | MOTHER FIGURE 18-25 | MOTHER FIGURE 26-40 | MOTHER FIGURE OVER 40 | FATHER FIGURE UNDER 18 | FATHER FIGURE 18-25 | FATHER FIGURE 26-40 | FATHER FIGURE OVER 40 | OTHER RELATIVE UNDER 18 | OTHER RELATIVE 18-25 | OTHER RELATIVE 26-40 | OTHER RELATIVE OVER 40 | NOT RELATED UNDER 18 | NOT RELATED 18-25 | NOT RELATED 26-40 | NOT RELATED OVER 40 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 - 3 | | | | | | | | | | | | | | | | | |
| M | 326 | 2985 | 1922 | 165 | 19 | 1006 | 1208 | 287 | 31 | 86 | 56 | 114 | 35 | 117 | 83 | 34 | 8475 |
| F | 295 | 2643 | 1778 | 166 | 20 | 839 | 1108 | 291 | 27 | 58 | 57 | 94 | 31 | 95 | 118 | 32 | 7652 |
| 4 - 6 | | | | | | | | | | | | | | | | | |
| M | 16 | 1331 | 2451 | 263 | 9 | 268 | 1274 | 358 | 16 | 42 | 47 | 138 | 18 | 48 | 80 | 23 | 6382 |
| F | 5 | 1185 | 2271 | 259 | 4 | 214 | 1086 | 389 | 20 | 38 | 36 | 78 | 12 | 40 | 70 | 23 | 5730 |
| 7 -10 | | | | | | | | | | | | | | | | | |
| M | 5 | 452 | 3723 | 604 | 8 | 84 | 1679 | 832 | 36 | 38 | 41 | 193 | 18 | 43 | 75 | 39 | 7870 |
| F | 14 | 384 | 3465 | 597 | 5 | 87 | 1497 | 732 | 33 | 48 | 46 | 166 | 6 | 25 | 71 | 30 | 7206 |
| 11-14 | | | | | | | | | | | | | | | | | |
| M | 5 | 39 | 2868 | 930 | 6 | 27 | 1225 | 1102 | 29 | 64 | 56 | 167 | 2 | 26 | 61 | 42 | 6649 |
| F | 10 | 44 | 3059 | 960 | 7 | 15 | 1383 | 1180 | 38 | 72 | 62 | 186 | 4 | 29 | 66 | 40 | 7155 |
| 15-18 | | | | | | | | | | | | | | | | | |
| M | 3 | 8 | 906 | 496 | 5 | 2 | 418 | 609 | 7 | 27 | 26 | 45 | 1 | 3 | 12 | 14 | 2582 |
| F | 10 | 8 | 1160 | 673 | 8 | 16 | 618 | 864 | 9 | 65 | 47 | 76 | 2 | 15 | 22 | 29 | 3622 |
| TOTAL | 689 | 9080 | 23603 | 5113 | 91 | 2558 | 11496 | 6644 | 246 | 538 | 474 | 1257 | 129 | 441 | 658 | 306 | 63323 |